

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/539852

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3						
4						
5		/				
6		/				
7		/				
8		/				
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11		/				
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45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53	/					
54	/	/				
55	/	/				
56		/				
57		/				
58	/	/				
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94		/				
95		/				
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97		/				
98		/				
99		/				
100		/				
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	28	←		←		←
TOTAL CLAIMS	35					

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